OBJECTIVE: Chemotherapy doublets have been widely tested to treat non-small-cell lung cancer (NSCLC). However, little is known about the major cost determinants for the various doublets. This study examines major cost implications of four novel treatment regimes in France. **METHODS:** Chemotherapy and medical resource utilisation was based on Schiller et al (2002), a prospective randomised, controlled trial of gemcitabine/cisplatin (Gem/Cis), paclitaxel/cisplatin (Pac/Cis), paclitaxel/carboplatin (Pac/Carbo) and docetaxel/cisplatin (Doc/Cis) totalling 1207 patients. These trial data were combined with unit cost data from Assistance Publique des Hopitaux de Paris 2000. Clinical trial data showed equivalent efficacy for overall survival and progression-free survival, with a trend in favour of Gem/Cis. Consequently, cost-minimisation was the appropriate form of economic evaluation. **RESULTS:** Chemotherapy acquisition was the major cost factor across all regimens with Gem/Cis patients having the lowest costs compared to patients treated with Pac/Cis, Pac/Carbo or Doc/Cis. Chemotherapy acquisition costs ranged from €3163 for the Gem/Cis doublet to €9367 for the Pac/Carbo combination. The cost of hospitalisations for adverse events were greatest in patients treated with Gem/Cis, as were the costs for the administration of the chemotherapy. The costs of other medical resources including blood transfusions, concomitant medications and health care professional visits were relatively small and similar across all the treatment groups. In total, the higher chemotherapy acquisition costs of the taxane agents were not offset by the lower administration and hospitalisation costs. Patients treated with Gem/Cis were associated with lower total treatment costs (€7048) than those treated with Pac/Cis (€8694), Pac/Carbo (€11893) and Doc/Cis (€7135). **CONCLUSIONS:** The cost-minimisation approach used is a conservative one since, a trend exists for longer progression free survival with Gem/Cis, whereas this analysis assumes equal efficacy. This analysis supports the economic argument in favour of the Gem/Cis combination over the other three regimes from a cost-minimisation perspective.

PCN8

AVERAGE TOTAL COST OF TREATING ADVANCED NON-SMALL-CELL LUNG CANCER PATIENTS IN SPAIN USING VARIOUS CHEMOTHERAPY DOUBLETS

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OBJECTIVE: This study examines the cost of various platinum based chemotherapy regimes in the treatment of advanced non-small cell lung cancer (NSCLC) from the perspective of the Spanish health care system. **METHODS:** A retrospective economic analysis was conducted based on two published phase III randomised controlled trials of gemcitabine/cisplatin (GC) and other regimens. Comella et al (2000) compared GC with vinorelbine/cisplatin (VC); Schiller et al (2002) compared GC with paclitaxel/cisplatin (PC), carboplatin/paclitaxel (CP) and docetaxel/cisplatin (DC). As the efficacy of the compared regimens may be considered equivalent, a cost-minimisation analysis was conducted. Only direct costs were included in the analysis. Costs were compared across four main resource categories: chemotherapy acquisition, drug administration, hospitalisations and other medical resources. Spanish health care unit costs were drawn from the literature and public sources. **RESULTS:** The economic analysis applied to the Comella trial indicated that the total cost of the GC (€4097) regime was 84% of the VC (€4899) regime. When applied to the Schiller et al study, the total cost of the GC (€5154) regime was only 79% of the total cost for the DC (€6512) regime, 76% of the total cost of the PC (€6746) regime and 53% of the total cost of the CP (€9750) regime. **CONCLUSIONS:** For treatment of advanced NSCLC in Spain, GC show cost savings potential compared to with VC, PC, CP, and DC. The cost of acquiring chemotherapy is not the only direct cost that should be considered when treating patients with chemotherapy, drug administration, hospitalisations and other medical resources are costs that should be considered.

PCN9

COST-EFFICACY OF ZOLEDRONIC 4MG ACID VS. PAMIDRONATE 90MG IN THE TREATMENT OF HYPERCALCEMIA OF MALIGNACY (HCM)

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OBJECTIVES: In clinical trials zoledronic acid has shown higher efficacy in HCM treatment than pamidronate, currently the drug most widely used. This study evaluated both treatment options from an economic perspective. **METHODS:** The main outcome measures were incremental cost-efficacy ratios of zoledronic acid 4 mg vs. pamidronate 90 mg perfusions. From the hospital perspective, data on direct, short-term variable resources consumed during drug administration were collected from seven Spanish hospitals using a structured questionnaire. Efficacy data (rate and duration of complete response) were extracted from controlled clinical trials. **RESULTS:** In total the participating hospitals treated 271 patients/year (93% in outpatient infusion sites). Apart from a price difference of €65.97, differences in resource consumption were related to perfusion times and subsequent demand on personnel, and certain supplies. Time